



Date: Monday, 10 February 2025

Time: 1.00 pm

Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

3 Minutes of Previous Meeting (Pages 1 - 6)

To confirm the minutes of the previous meeting held on Wednesday 16 December 2024

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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 16 December 2024 at 2.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors G Elnor (Co-Chair), F Doran (Co-Chair),
D R W White and E Towers.
Co-optees: S Fogell, H Knight and D Saunders

In Attendance: L Gordon (Member Support Officer) and S Foster
(Overview and Scrutiny Officer)

Apologies: Councillor N A Dugmore and L Cawley

JHOSC1 Declarations of Interest

None.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 7 August 2024 be confirmed and signed by the Chair.

JHOSC3 Shrewsbury and Telford Hospital Trust Progress Update

In August 2024, at the last meeting of the Joint Health Overview and Scrutiny Committee, representatives from Shrewsbury and Telford Hospital Trust (SaTH) and Integrated Care Board (ICB) provided the Committee with an update regarding the work being undertaken to address the Must and Should Do's highlighted by the Care Quality Commission (CQC) in their report in May 2024, and the C4 Dispatches Programme released in June 2024. During that meeting, NHS representatives extended the offer to create a working group alongside Members of the JHOSC, to examine the must do's and should do's in greater detail. The Co-Chair advised that at the time of the meeting, three informal working group meetings had taken place. These meetings had focused on actions in Urgent and Emergency Care. There was a view to review medical and specialist actions arising from the CQC report at a later date.

The Chief Executive, Director of Medical and Interim Director of Nursing, SaTH provided the Committee with an overview of the work carried out to date. The Chief Executive assured Members that as the accountable officer for SaTH that they were aware of the work that needed to be done to build public confidence and that they were not complacent. The Interim Director of Nursing informed Members that all actions outlined in the CQC report had been cross referenced and added to the trusts relevant action plans. All must do's actions had been implemented, and of the 52 total actions, 34% have

been fully evidenced and embedded. It was noted that all actions were subject to internal assurance and reassurance.

During the discussions Members asked the following questions:

What are the outcomes for patients of the work that has been carried out so far, and how is that measured?

The Interim Director of Nursing advised that the SaTH leadership team and the ICB have regularly been carrying out regular walkabouts within the hospital where they are speaking to patients to ask for their feedback regarding the level of care. This was then fed back to their internal assurance groups to ensure the correct pathways were being embedded. Additionally, all action plans required that there was evidence provided before any action could be considered completed. However, the Director of Medical noted that some less data driven areas, such as evidence derived from walkabouts can be difficult to prove.

How can we be assured that the must do and should do's outlined in the CQC report have been implemented and embedded, and won't be listed on future reports as still outstanding actions?

The Interim Director for SaTH advised that whilst they could never guarantee that actions would not come up on future CQC reports but the Committee could be assured that the must do actions listed in the report have been implemented. There are some should do actions for urgent and emergency care that are still being looked at but overall they are working towards a good rating in future.

When improvements were being made to maternity services there was a lot of public reassurance as to how actions were being embedded but this doesn't seem to be the case regarding the improvements following the CQC report. Why is this, it would be more beneficial if the public could be re-assured?

The Chief Executive advised that this would be taken into consideration. At present they had been sharing changes with staff rather than publicly, but would look to review the methodology of their approach to see if it could mirror that used for maternity transformation.

If Dispatches were to return in a year's time, would you be happy for them to do that?

The Chief Executive SaTh informed Members that it would be their expectation that anyone who visited the hospital should be able to come and witness a good level of care. However, we are currently heading into a difficult winter period, which had meant that the corridor at Royal Shrewsbury hospital was once again in use at the time of the meeting, but is now only being used out of necessity and work is being done to phase that out.

The length of waiting lists for cancer patients has been highlighted in the press recently. What is being done at SaTH to address this?

The Chief Executive noted that this is an area of focus for SaTH, but the solution could not be delivered over night. Members were assured that waiting times were expected to reduce in the new year, but an update could be provided to the Committee.

What has been done to improve the care received by patients in the fit to sit areas of the hospital?

The Director of medical advised Members that the fit to sit areas was there for patients that need to be in hospital, but don't necessarily need a bed, in order for them to be kept under observation. The Chief Executive added that in addition to staff who attend to patients in this area, there were also volunteers who ensure that they are receiving refreshments regularly and portable sinks are being considered in line with the hygiene protocol.

What is being done to get patients out of the fit to sit areas in a timely fashion?

The interim Director of Nursing advised that work was being carried out with Shropshire Community Hospital Trust, the ICB and the local authorities to see that patients were being discharged swiftly. There were plans for additional audit to take place for assurance and to allow for the process to be streamlined further.

Was there an operational policy for the fit to sit areas that details information, such as how long patients are expected to reside there and had the area been moved or expanded at Royal Shrewsbury hospital (RSH)?

The Chief Executive advised that there was an operational policy that detailed how many patients it can hold based on its size. Members heard that the fit to sit area had not been moved at RSH, but had been expanded

RECOMMENDED - that

- (a) The Committee will write to the secretary of state and local MPs to ask for their support in seeking continued improvement of our local health care systems, by working both with the Committee and with SaTH and the ICB.**
- (b) That SaTH provide regular progress updates to the JHOSC regarding the progress of improvement action plans.**

JHOSC4 Winter Preparedness

The Operational Lead for Urgent & Emergency Care, ICB, informed members that this winter would be unlike previous ones, as the government has not

provided any additional funding for extra schemes this year. Previously, extra beds were funded. Members heard that this meant that in order to deal with the increase in demand that process improvement was necessary. There was a system-wide improvement plan that had been running for 7-8 months and was expected to continue until at least the end of the financial year. This plan was made up of five work streams; alternative to the emergency department, the Care Transfer Hub, schemes to reduce the attendance at the emergency department, earlier discharges, and significant signposting from pharmacies. Members were advised that the ICB had allocated £725,000 for winter pressure projects and additional schemes and funding were being sought, including utilising the use virtual wards through the Shropshire Community Hospital Trust. It was noted there was also an ongoing collaboration with the British Red Cross and mental health trust to support patients.

Delivering care closer to home and in the community is so important. Are there enough staff available to deliver this?

The Chief Executive of Shropshire Community Hospital Trust assured Members that there were adequate staffing levels, but they were always looking to recruit more. There were 167 virtual ward beds that they were responsible for delivering and at the time of the meeting they were operating at 70% occupancy, which was the highest in the country. It was noted that the Shropshire Community Hospital Trust also operated the rapid response and community teams and were always working to upskill their staff where possible.

The Chief Nursing Officer, ICB noted that there was a new frailty strategy being developed for next year, but will take while for this to be embedded. There were also respiratory hubs operating in Shrewsbury, and those were expected to be brought to Telford soon. Members were advised that there was a high demand on GP services, so it was recommended that patients sought the advice of the community pharmacist is the first instance.

Could community hospitals such as Bishops Castle be utilised for additional beds and to support district nursing?

The Director of Nursing (ICB) advised that the Integrated Care Board has been working alongside the Shropshire Community Hospital Trust about how the neighbourhood teams to support in rural areas. The Director of Nursing (Shropshire Community Health Trust) advised that there has been some issues with teams in area such as Powys, due to border issues, but they would work with the wider district nursing team about this.

Following the debate it was agreed that the operational lead for UEC for the ICB would return to the Committee in April to discuss the internal review of the effectiveness of schemes, alongside an update on the 5 priority action plan. The Chair noted that an additional briefing session would take place with the Shropshire Community Hospital Trust to discuss their wider operations, and that the co-chairs would liaise with local authority comms to promote the vaccination programme and the community pharmacy offer.

JHOSC5 Co-Chair's Update

The date of the next meeting will be circulated in due course.

The meeting ended at 4.07 pm

Chairman:

Date: Monday 10 February 2025

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